

WELSH BOARD OF HEALTH
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A

Ogmore and Garw
Urban District Council

REPORT

OF THE

Medical Officer of
Health

For the Year, 1952

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Urban District Council

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PUBLIC HEALTH STAFF

(a) MEDICAL

Medical Officer of Health :

B. T. JONES, L.M.S.S.A. (Lond.), D.P.H. (Edin.)

(b) SANITARY INSPECTORS

Senior Sanitary Inspector :

O. L. THOMAS, Sanitary Inspector's Certificate, Meat Inspector's
Certificate

Sanitary Inspector :

W. DAVIES, Sanitary Inspector's Certificate, Meat Inspector's
Certificate

(c) CLERICAL

Miss G. EVANS

(d) RODENT OPERATIVE

T. EVANS

Mrs. THOMAS, Mr. CHAIRMAN and GENTLEMEN,

I have pleasure in submitting once more my annual report, drawn up in accordance with the requirements of circular 42/52 Wales.

There was a slight increase in the birth rate over the last two years. The number of infants dying under one year of age showed an appreciable increase compared with last year which was a record year.

The notification of whooping cough and scarlet fever showed a marked decrease compared with 1951. There were no cases of typhoid or diphtheria notified this year.

In the early autumn there was an epidemic of ringworm and in the latter months an epidemic of gastro enteritis of unusual severity amongst infants.

There was an increase in the notifications of tuberculosis during 1952.

There should ever be borne in mind the necessity for maintaining a healthy and vigorous preventive service. A National Health Service cannot be administered with economic success unless it has been founded on a well constructed basis of "Prevention rather than cure." Emphasis is continually being placed on the cry "We need more beds." Surely it is far better to need less beds because the number of potential patients has fallen owing to the wise application of preventive measures. It is admirable that science is producing an ever increasing number of remedies to combat all ailments but how much better it would be if a reduction in the number of ills obviated the necessity for a great many of these medicines.

I am thankful to say that I have met with nothing but co-operation from this Council in adopting any measures to implement this policy. Our meetings are interesting, fruitful of results and sometimes very lively. They indicate a healthy concern for the well-being of the people under their care.

I wish to thank the staff of the Public Health Department for their assistance, also the Chairman and Members of the Public Health Committee for their excellent co-operation in striving to safeguard the health of the community.

I am also most grateful to the Surveyor and his staff who have been very helpful in aiding with the preparation of the graphs for this report.

SOCIAL CONDITIONS

On 31st December, 1952, the number of unemployed was 80 men and 71 women making a total of 151 compared with 127 men and 114 women making a total of 241 on 31st December, 1951, and 150 men and 115 women making a total of 265 on 31st December, 1950.

The number of registered disabled persons placed in employment during 1952 was 65 men and 1 woman.

The total number of pneumoconiosis and silicosis cases on the disabled persons register was 176 on 31st December, 1952, compared with 201 on 31st December, 1951.

As goes without saying, this area depends almost entirely on coal mining as its industry.

The following is information concerning man-power in the collieries of the district.

Garw Valley Number of men on the books at 3/1/53

Ffaldau	.....	.....	750
Glengarw	.....	.....	368
Garw	.....	.....	663
International	.....	.....	381
			<hr/>
			2,162

Ogmore Valley

Western	.....	.....	830
Penllwyngwent	.....	.....	439
Wyndham	.....	.....	916
			<hr/>
			2,185
			<hr/>
Total	.....	.....	4,347

Pit Welfare

New pithead baths were completed and commissioned at the Ffaldau colliery during August, 1952. Provision of pithead baths at Penllwyngwent colliery is in progress, and construction will commence some time during 1953.

YOUTH EMPLOYMENT SERVICE

I do not think an annual report would be complete without some mention of the Youth Employment Service.

For the Mid-Glamorgan area, this service is administered by a committee which is representative of each of the local authorities in Mid-Glamorgan (there are three representing the Ogmore and Garw area) of the Teachers' Association, of employers, of workpeople and of other interested bodies.

At the end of each school term, officers from the Youth Employment Service attend the schools to help with advice those about to leave school.

Such officers have ascertained the needs of employers and so the service acts as a sorting house for demand and supply. Arrangements are also made for specialist speakers to give lectures on such careers as Engineering, Domestic Science, the Army, Navy, R.A.F. etc.

In order to advise any youth or girl seeking employment, the youth officer attends at the Pontycymmer employment office on Mondays from 1.30—4.30 and at Ogmore Vale employment office from 10—4 p.m.

In the year ending December, 1952, 43 boys and 53 girls left school in the Garw Valley and 49 boys and 47 girls in the Ogmore Valley.

During the period from February 1st, 1952—January 14th, 1953, 54 boys and 66 girls from the Garw Valley were issued with insurance cards and 69 boys and 77 girls from the Ogmore Valley.

When youths or girls wish to be trained in a certain trade and facilities are not available in the area, funds are provided for him or her to be trained elsewhere. Such funds cover maintenance, cost of training, pocket money and fares. The local youth employment officer receives reports on the progress of the apprentice from the employment officer where he or she is stationed and everything is done to help him or her. Hence, there is no need for any boy or girl to embark on a dead end job when leaving school and all have the opportunity to be trained in a trade.

FORESTRY

In 1952, 116.8 acres were planted with trees chiefly at Nantymoel. For the most part the trees were larch and red oak. 16 people are now employed but there is a prospect of more employees being necessary. The houses built at Nantymoel are now occupied. The effect of afforestation on the landscape is already very obvious. The hills, which during the first world war were desecrated by the hand of the vandal and were left bereft of their fine woods are now being clothed in a gentle green. We may live to see much of the pristine beauty restored to the area.

STATISTICS OF THE AREA

Area (acres)	17,984
Estimated mid-year population	22,550
Number of inhabited houses	5,873
Rateable value	74,656
Product of a penny rate	£276

EXTRACTS FROM VITAL STATISTICS

		Total	M.	F.
Live Births :	Legitimate	383	186	197
	Illegitimate	12	8	4
	Birth rate (Recorded)—17.52			
	Corrected by the Registrar			
	General's area comparability			
	factor—18.4			

Still Births :

Rate per 1,000 total (live and still births) 1951—29.9

Rate per 1,000 total (live and still births) 1952—19.7

Deaths :

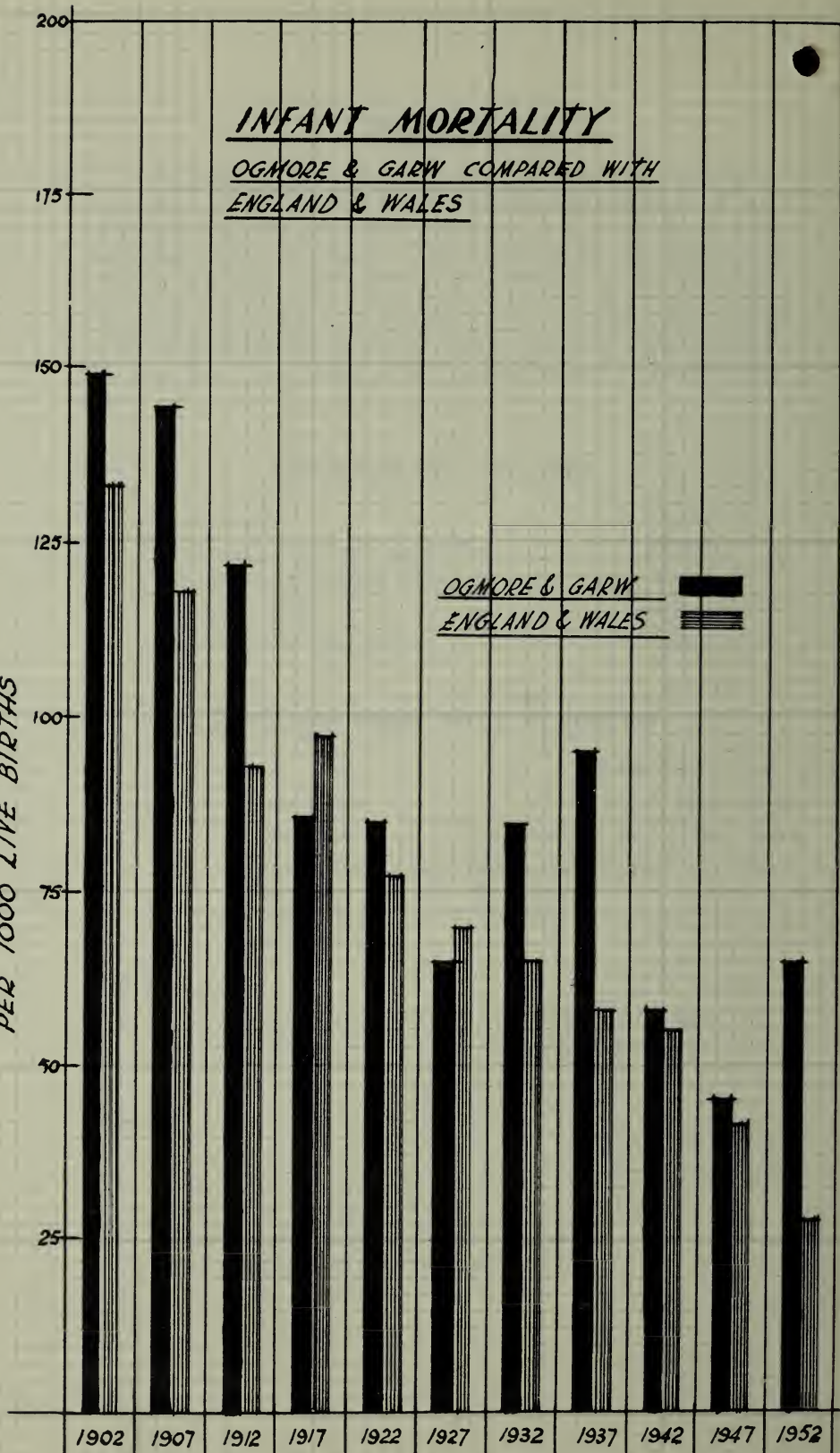
	Total	M.	F.
	262	142	120
Death rate (Recorded)	11.62		
Corrected by the Registrar General's			
area comparability factor 12.7			

INFANT MORTALITY

OGMORE & GARW COMPARED WITH
ENGLAND & WALES

PER 1000 LIVE BIRTHS

OGMORE & GARW
ENGLAND & WALES



Deaths from puerperal causes	Nil
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Death rate of infants under 1 year of age :

All infants per 1,000 live births	63.29
Legitimate infants per 1,000 legitimate live births.....				62.6
Illegitimate infants per 1,000 illegitimate live births				83.3
Deaths under 4 weeks per 1,000 live births			.....	40.51
Deaths from malignant neoplasm (all ages)			.....	36
Deaths from measles (all ages)	.....	.....	.....	Nil
Deaths from whooping cough (all ages)		.....	.....	Nil
Deaths from diarrhoea (under 2 years of age)			.....	3
Deaths from cerebro spinal fever (all ages)	.....		.....	Nil

Birth Rate for the last 10 years for England and Wales,
the Administrative County and Ogmore and Garw U.D.C.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England & Wales	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3
Glam.	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.1	16.32	16.16
Ogmore and Garw U.D.C.	20.7	19.3	19.4	19.5	20.1	20.1	18.8	15.6	15.84	17.52

Death Rate for the last 10 years for England and Wales,
the Administrative County and Ogmore and Garw U.D.C.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England & Wales	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3
Glam.	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.7	13.7	11.57
Ogmore and Garw U.D.C.	11.6	10.8	11.7	11.8	13.3	12.0	12.5	13.8	13.9	11.62

INFANTILE MORTALITY DURING THE YEAR 1952
Deaths from stated causes in Age Groups under 1 year

	Under 1 year												Total				
	Under 12 hours		Under 24 hours		1-3 days		1-2 weeks		1-3 months		3-6 months			6-9 months		9-12 months	
	1 hour	12 hours	1 hour	24 hours	1-3 days	3 days 1 week	1-2 weeks	2-4 weeks	1-3 months	3-6 months	6-9 months	9-12 months		9-12 months	9-12 months	9-12 months	
Pulmonary Atelectasis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Broncho-Pneumonia	—	—	—	—	—	1	—	—	—	2	—	—	—	1	—	4	
Bi-lateral renal haemorrhage	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Fibrocystic disease of the pancreas	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	
Encephalitis with convulsion following	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chicken-pox	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
Gastro Enteritis	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	3	
Meningitis due to ascending spinal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Infection. Spinal bifida	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
Nephro-calcinosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Prematurity	—	1	4	2	2	1	2	2	2	—	—	—	—	—	—	12	
Total	—	2	4	2	2	3	3	2	2	5	2	2	—	2	—	25	

INFANTILE MORTALITY

The remarkable rise in infantile mortality is the most noteworthy feature of the vital statistics this year. However one must consider the comparatively low still birth rate as unless the two are taken together a false impression is apt to be made.

When the still birth rate is low the neo-natal mortality is usually high and vice versa, 16 of the infants who died were under 4 weeks old and 12 of these died owing to the fact that they were premature. On visiting the homes of these infants, it was found that the home conditions were, for the area, satisfactory but in six of the cases the health of the mothers before the birth of the children had been poor. Had, at least three of these women had prolonged periods of rest, in all probability, their babies would have been saved; the need for a rest home in this area for debilitated and nursing mothers is obvious—the importance of this has been stressed so often before.

At the end of the year, there was an epidemic of gastro enteritis of an unusually severe type. Three of the infants who had this infection died, but considering the number who were infected and the severity of the attack, it was extremely fortunate that more did not succumb.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Once more there were no cases of diphtheria for the fourth year in succession in this area and complacency with regard to this deadly scourge is to be remarked on all sides. Between the years 1930—40, throughout the country, the yearly average of deaths from diphtheria was 2,800, now the yearly average is 30. Yet any of those deaths might occur in this area and it is essential that each new generation of mothers should be educated in the necessity of immunisation. For this reason, it is to be deplored that figures of those immunised each year for each small area are not available since, should there be any notable decrease those in charge of immunisation locally might take steps to approach the defaulting mothers personally. Local members on councils and health committees might also bring their interest to bear.

Whooping Cough

There was a marked decrease in the number of notifications in 1952 as compared with 1951, there were 160 less. Of the 54 cases notified, 15 of the most severe cases were admitted to

hospital. This is a disease which requires patient and lengthy nursing, no complaint upsets the household so much, as night and day attention is essential; hence, there is great difficulty in nursing such cases at home unless there are no other children and plenty of help is obtainable. It is fortunate that hospital beds are now available since careful nursing shortens the convalescence and prevents the long period of ill health which so often follows this painful illness.

Following last year's report it has been definitely stated that immunisation against whooping cough is to be commenced.

Scarlet Fever

Notifications of scarlet fever were fortunately very much less this year. A number of cases were treated in hospital and all left without complications. However, there were three cases which were not diagnosed at the time and these developed nephritis.

Scarlet fever is treated rather lightly owing to the mild type of case recently experienced, yet there is a certain body of observant practitioners who are not satisfied that sufficient respect is paid to these throat conditions. Is this a sign that general practitioners are taking a lead in preventive medicine?

Measles

Once more measles with its allied chest conditions caused acute illnesses. This is yet another disease which requires good nursing under the best conditions. Fortunately the very worst cases could be treated in hospitals.

Poliomyelitis

There were two cases both adult. They were of the non-paralytic type, though one showed weakness of the leg, but recovered without the slightest disability. It would be advantageous if all cases could be sent as soon as possible to one orthopaedic centre so that research might be carried out on the prevention of disability.

Meningitis

One death occurred and was diagnosed clinically as a case of meningococcal infection. However, this was not confined bacteriologically and for this reason was not notified.

INFECTIOUS DISEASES NOTIFIED THROUGHOUT THE WARDS DURING 1952

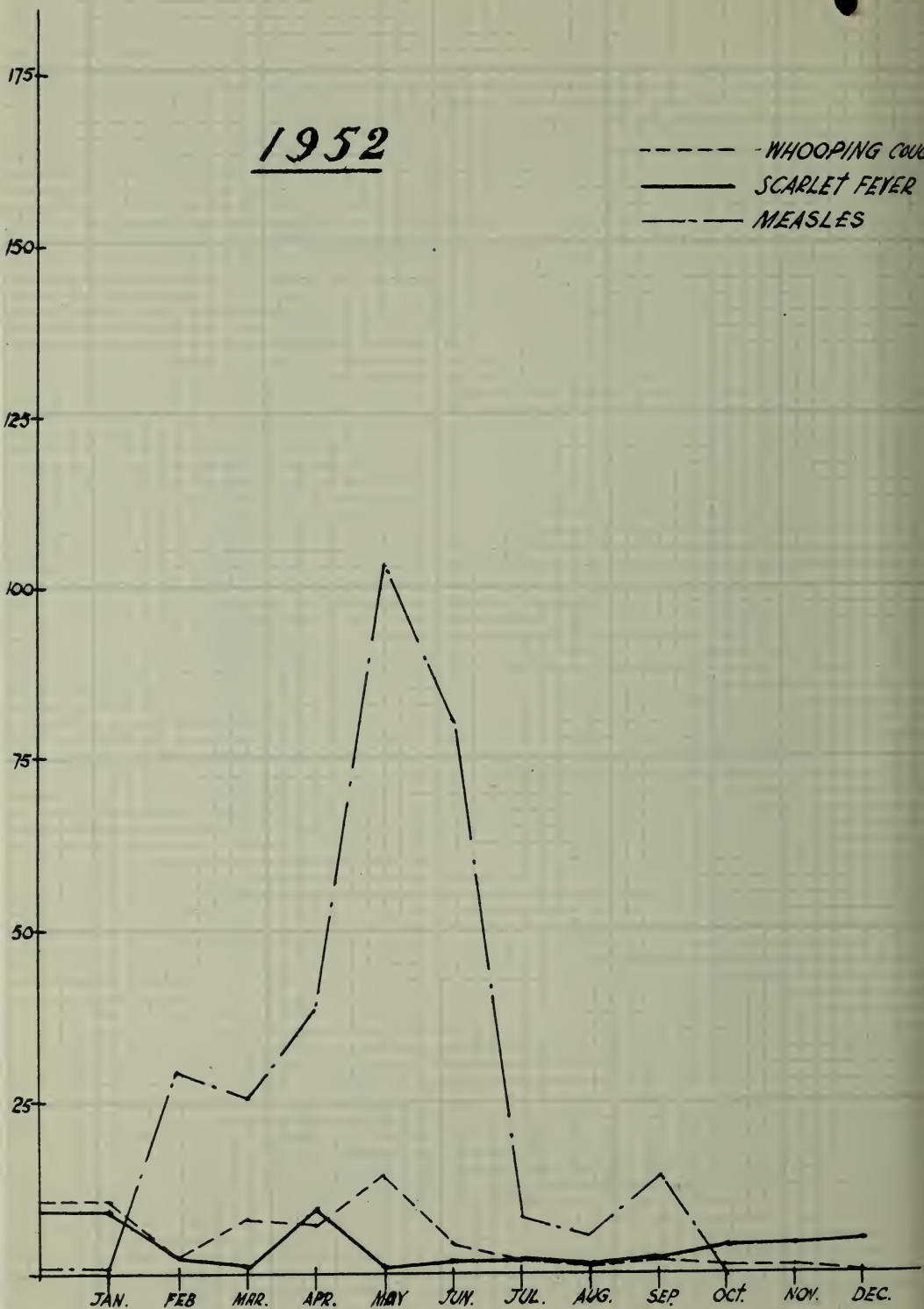
	B	P	B-P	N	T	A	Whole Area
Scarlet Fever ...	—	2	2	12	25	2	43
Whooping Cough ...	—	3	3	17	31	—	54
Pneumonia ...	4	9	3	8	19	3	46
Measles ...	1	1	47	58	199	—	306
Dysentery ...	—	—	—	—	1	—	1
Erysipelas ...	—	2	—	3	2	—	7
Poliomyelitis ...	—	—	—	—	—	—	—
Typhoid ...	—	—	—	—	—	—	—
Puerperal Pyrexia ...	—	—	1	2	—	—	3
Food Poisoning ...	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—

INFECTIOUS DISEASES DURING 1952

<i>Disease</i>	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Whooping Cough	11	3	8	7	14	4	2	1	2	1	1	—	54
Scarlet Fever	9	3	1	9	1	2	2	1	2	4	4	5	43
Pneumonia	6	11	4	10	2	3	1	—	3	3	—	3	46
Measles	1	29	26	38	103	81	8	6	14	—	—	—	306
Dysentery	—	—	—	—	—	—	1	—	—	—	—	—	1
Erysipelas	1	1	1	—	—	—	—	—	3	1	—	—	7
Polomyelitis	1	1	—	—	—	—	—	—	—	—	—	—	2
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	1	—	1	—	—	—	1	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—

1952

----- WHOOPING COUGH
———— SCARLET FEVER
- - - - MEASLES



INFECTIOUS DISEASES NOTIFIED DURING 1952

CASES NOTIFIED

Diseases	Under 1		1-3		3-5		5-10		10-15		15-25		25 & over		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	1	—	5	1	—	9	8	12	2	—	—	—	—	—	43
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Whooping Cough	6	4	10	8	6	12	3	5	—	—	—	—	—	—	54
Measles	4	11	30	20	32	38	83	81	2	2	—	—	1	2	306

CASES NOTIFIED

Diseases	Under 5		5-15		15-45		45-65		65 & over		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Pneumonia	46
Dysentery	1
Smallpox	—
Enteric or Typhoid	—
Erysipelas	7
Meningitis	—
Puerperal Pyrexia	3
Ophthalmia Neonatorum	—

MEDICAL SERVICES AVAILABLE IN THE DISTRICT

Bridgend General Hospital, Quarella Road, Bridgend (Out-Patients Department)

Clinic	Day	Time	Place	Remarks
Medical	Mon.	1.30 p.m.	Rehabilitation Centre	
	Weds.	10.30 a.m.	Maternity Dept.	
	Thurs.	9.30 a.m.	Rehabilitation Centre	
	Fri.	9.30 a.m.	School Clinic	Fortnightly
Diabetic	Tues.	9.30 a.m.	Rehabilitation Centre	Fortnightly
Neurological	Tues.	9.30 a.m.	Rehabilitation or School Clinic	Fortnightly
Surgical	Tues.	2.00 p.m.	Rehabilitation Centre	
	Thurs.	9.30 a.m.	Rehabilitation Centre	
	Thurs.	2.00 p.m.	Rehabilitation Centre	Fortnightly
Paediatric	Thurs.	9.30 a.m.	School Centre	
Orthopaedic	Weds.	9.00 a.m.	Rehabilitation Centre	
	Fri.	9.00 a.m.	Rehabilitation Centre	
	Mon.	9.00 a.m.	Rehabilitation Centre	Old Cases only
Obstetrics and Gynaecological	Fri.	10.00 a.m.	Plaster Room	Fortnightly
	Sat.	10.00 a.m.	Plaster Room	Fortnightly
	Weds.	1.30 p.m.	Rehabilitation Centre	
Ophthalmic	Second Fri. in month	9.30 a.m.	School Clinic	
	Tues.	2.00 p.m.	School Clinic	By appointment only
E. N. T.	Thurs.	1.30 p.m.	School Clinic	
	Tues.	10.30 a.m.	Bridgend and Dist. Hospital Merthyr-mawr-rd.	
	Thurs.	10.30 a.m.	Bridgend and Dist. Hospital Merthyr-mawr-rd.	

CLINICS

Ogmore and Garw Valleys

Clinic	Day	Time	Place	Remarks
Child Welfare	.... Tues.	10.00 a.m.	Bethania, Evanstown	.... Fortnightly
	.... Weds.	10.00 a.m.	The Clinic, Nantymoel	.... Fortnightly
	....	2.00 p.m.	The Mission, Blackmill	.... Fortnightly
	....	3.00 p.m.	The Clinic, Nantymoel	.... Fortnightly
	.... Thurs.	10.00 a.m.	The Clinic, Ogmore Vale	.... Fortnightly
	....	2.00 p.m.	The Clinic, Ogmore Vale	.... Fortnightly
	.... Tues.	10.00 a.m.	Welfare Hall, Llangeinor	.... Fortnightly
	....	2.00 p.m.	Noddfa, Blaengarw	.... Fortnightly
	.... Weds.	10.00 a.m.	The Clinic, Pontycymmer	.... Fortnightly
	....	2.00 p.m.	The Clinic, Pontycymmer	.... Fortnightly
	.... Thurs.	10.00 a.m.	The School, Lluest	.... Fortnightly
	....	11.00 a.m.	Church Hall, Bettws	.... Fortnightly
	.... Mon.	10.00 a.m.	The Clinic Pontycymmer	.... Fortnightly
	.... Thurs.	2.00 p.m.	The Clinic, Ogmore Vale	.... Fortnightly
Sun-Ray	.... Mon.	1.30 p.m.	The Clinic, Pontycymmer	.... Weekly
	.... Thurs.	1.30 p.m.	The Clinic, Pontycymmer	.... Weekly
	.... Mon.	9.30 a.m.	The Clinic, Ogmore Vale	.... Weekly
Ante-Natal	.... Fri.	1.30 p.m.	The Clinic, Ogmore Vale	.... Weekly
	.... Fri.	10.00 a.m.	The Clinic, Ogmore Vale	} Approx. three times a month by appointment
	.... Fri.	2.00 p.m.	The Clinic, Pontycymmer	

The Public Health Laboratory, The Parade, Cardiff

This laboratory works in conjunction with the Medical Research Council and we, in this area are extremely fortunate to have the services of such an institute. The staff is most helpful and enthusiastic while the liaison between the Public Health Department and the laboratory services could not be improved.

HOSPITALIZATION OF INFECTIOUS DISEASES

The following is the number of infectious cases admitted to Isolation Hospitals during the year from this area.

Blackmill Isolation Hospital

Scarlet Fever	40
Whooping Cough	15
Measles	32
Sonné Dysentry	1
Pneumonia.....	31
Erysipelas	1
Gastro-enteritis	34
Food poisoning	2
Meningitis (Lymphocytic)	3
Meningitis (Observation) (later diagnosed as sub-arachnoid haemorrhage)	2
Meningitis (unconfirmed)	3
Poliomyelitis (1 not confirmed)	3
Salmonella	2

Cefn Hirgoed

Gastro Enteritis	9
Mumps with Vomiting	1
Measles	2
Pneumonia.....	2
Septic Throat	2
Erysipelas	1
Bronchitis	2
Influenza	2
Chicken Pox	1
Glandular Fever	1
Lymphocytic Meningitis	2

Maesteg Isolation Hospital

Scarlet Fever	.....	.....	.....	.....	.....	3
Gastro Enteritis	.....	.....	.....	.....	.....	1
Erythema Nodosum	.....	.....	.....	.....	.....	1
Pneumonia.....	.....	.....	.....	.....	.....	2
Salmonella (Observation)	.....	.....	.....	.....	.....	1

GASTRO ENTERITIS

During the latter part of 1952, many cases of gastro enteritis in infants occurred in the district several of which were admitted to hospital. The culmination was an epidemic. The severity of the symptoms was most alarming. In a number of cases, organisms of B. Coli type 055 and 011 were isolated. Experience gained from similar outbreaks in other parts of the country showed that the mortality in small infants was high and that the difficulty of preventing cross-infection in hospitals was well nigh insuperable. This infection reached such proportions that it was looked upon as almost a hospital disease. However, organisms of No. Coli 055 were, in this district, isolated from both healthy babies and babies showing symptoms of gastro enteritis. The difficulty of preventing cross-infection may be due to faulty technique or, perhaps, to the vast number of bacteria expelled from the bowels. What a mistake it was to abolish the certificate for fever nursing. Here is a branch of nursing requiring highly specialised methods and there was a consistently high standard maintained by the insistence on the necessity of obtaining such a certificate before a nurse could undertake this work. It is all very well to say that fevers can be controlled by anti-biotics. Let fevers resulting from cross-infection rather be avoided by skilled nursing. When we see clinics and out patients' departments overcrowded with infants exposed to infection one feels that a high standard of education and training to combat the effects of this should be of inestimable importance. Therefore let us have fever training of nurses and the certificate restored.

RINGWORM EPIDEMIC

During the month of September, I was informed by a local practitioner in the Garw area that he had seen a number of children with a skin condition which he thought was ringworm. All these children lived in the Cuckoo Street area of Pantygog. On the day upon which I was notified of this skin condition, there was a skin clinic at Bridgend, so a number of children

was collected and sent there. Ringworm of the type *M. felineum* was confirmed. As a result of investigations made locally it was reasonable to suppose that the infection had been conveyed by a stray yellow cat since the children had been seen nursing and playing with this animal.

Unfortunately this cat disappeared and the supposition could not be confirmed. The Divisional Medical Officer of the area arranged for many of the animals of the area to be examined by Wood's lamp. A cat and dog were found to be infected. Eventually it was decided that this particular dog was most likely to be the source of infection. However the stray yellow cat had now found a home in the area, but the new owners consented to its being destroyed. The dog was destroyed as the owners thought it was mangy but it was only with difficulty that consent was obtained for destroying the second cat, as the owners maintained that until the yellow cat appeared both animals were healthy. It is to be noted that there were no cases of ringworm in this house. There is some difference of opinion as regards to which animal was the probable source of infection, but as so many handled this stray yellow cat one might think she was the culprit. However all the cases were treated in the surgeries by the medical practitioners.

WEIL'S DISEASE

During 1952, a case which was thought to be one of leptospira icthohaemorrhagic and which proved fatal occurred in the area. The victim was an underground worker in one of the collieries. This infection is conveyed by rats and a very thorough investigation of the locality for rats was immediately organised. Preventive measures were also undertaken to treat the stagnant water in the pits. In order to ascertain whether there was an infection in the locality of the mine where the victim worked, blood tests were taken from those working in the vicinity. It was proved that none of the others had any infection.

TUBERCULOSIS

There was a considerable increase in the number of notifications for 1952, compared with those of 1951. In 1952, 12 males and 13 females were notified as suffering from pulmonary tuberculosis compared with 7 males and 3 females in 1951, in the non pulmonary group there were 3 males and 5 females notified in 1952, as compared with 1 male and 4 females in 1951.

Of the 25 who were notified as suffering from pulmonary tuberculosis, 13 were in the very early stage and were non infectious but 2 of these had other parts of the body besides the lung infected ; all these had an excellent chance of being permanently cured, 9 were in a moderately advanced condition and 3 were in a very advanced stage.

It will be noticed that of those males who died, all were in the age group 45—65.

It is to be expected that these should be miners since this is the occupation of the majority of the male members of the community.

The aim of the mass radiography unit is to X-ray 100% of the population in an attempt to diagnose tuberculosis in an early stage or to pick up cases previously undiagnosed though advanced. In a mining community this early diagnosis is of special importance ; the dissemination of tubercle bacilli in people with chests damaged by dust may have a more deleterious effect than in those who do not inhale quantities of dust in the course of their occupation. In the campaign to reduce the incidence of tuberculosis, the council believe that this is one of the most potent means of attack.

Unfortunately, B.C.G. immunisation is so far available only for proved contacts but, in a sense, everyone is a contact and, if important for those who are known contacts it is important for all.

Until such time as this immunisation becomes general, I suggest that the parents of children on the new estates should be given the opportunity of having their off-spring immunised. The reason for this suggestion is that the Council in their desire to help sufferers are using every effort to house tubercular people. The result of this is that the risk of infection is greater than in districts where there are a normal number of sufferers. This is especially the case where there are television sets, when rooms are crowded with viewers.

With our better housing conditions, clean milk, immunisation against tuberculous infection and 100% mass X-ray surveys, may we live to see the day when cases of tuberculosis in this country are as infrequent as those of plague.!

TUBERCULOSIS, 1952

	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
Age Periods	M.	F.	M.	F.	M.	F.	M.	F.
0—1	1	—	—	—	—	—	—	—
1—5	2	4	—	2	—	—	—	—
5—10	1	—	—	1	—	—	—	1
10—15	—	2	—	—	—	—	—	—
15—20	—	1	2	—	—	—	—	—
20—25	3	2	—	—	—	—	—	—
25—35	1	4	—	—	—	3	—	—
35—45	—	—	—	2	—	—	—	—
45—55	1	—	1	—	4	—	—	—
55—65	3	—	—	—	4	—	—	—
65 and over	—	—	—	—	—	—	—	—
<i>Total</i>	12	13	3	5	8	3	—	1

TUBERCULOSIS

Notifications and Deaths 1932—1952 in the Ogmora and Garw Area

Year	NOTIFICATIONS				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
1932	29	32	10	7	9	10	3	1
1933	23	19	11	1	9	13	3	0
1934	16	23	7	6	4	7	1	1
1935	20	14	6	6	10	11	2	0
1936	23	20	5	6	11	8	2	2
1937	17	15	8	4	3	5	2	2
1938	12	14	11	8	7	6	3	0
1939	20	12	11	4	7	6	1	1
1940	17	19	7	10	2	3	2	2
1941	20	16	6	9	9	6	3	5
1942	11	16	10	8	7	4	4	0
1943	16	19	7	11	7	8	3	3
1944	20	24	10	5	6	8	2	0
1945	18	17	6	7	4	5	2	0
1946	23	14	7	10	9	8	0	3
1947	19	28	13	8	6	7	0	0
1948	15	16	3	4	5	10	—	1
1949	11	24	5	7	7	6	—	—
1950	11	12	4	5	5	6	1	1
1951	7	3	1	4	7	4	—	1
1952	12	13	3	5	8	3	—	1

CHILD HEALTH SERVICE

This service is now highly organised. The co-operation between the clinics, the local authority, the paediatric department at Bridgend and the child health department of the University at Cardiff is excellent.

THE SANITARY ADMINISTRATION OF THE AREA

The number of inspections and re-inspections made during the year was as follows :—

Visits to houses under the Public Health and Housing Acts	801
Revisits	2,232
Inspections of Milk Shop Dairies	51
Inspections of Slaughterhouses	692
Inspections of Workshops	206
Inspections of Bakehouses	98
Inspections of Ice Cream Dealers	144
Investigation and Visits re Infectious Diseases	60
Premises disinfected	38
Drains tested	28
Complaints investigated	441
Visits under Shops Act	158
Visits to Food Shops	152
Visits to Schools and Public Buildings	497
Investigations and inspection of Swimming Baths	41

FACTORIES ACT, 1937 AND 1948

(a) Workshops where no mechanical power is employed :—

Motor Repairs	4
Boot Repairs	5
Carpenters	5
General Smiths	2
Watchmakers	4
Plumbers	5
Furniture Upholstery Repairs	2
Wireless Repairs	2

FACTORIES ACTS, 1937 and 1948

Part I of the Act

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	29	206	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	28	98	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—	—
TOTAL	57	304	—	—

2—Cases in which DEFECTS were found

Particulars	Found	Remedied	Referred		Number of cases in which prose- cutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act not including offences relating to Outwork)....	—	—	—	—	—
TOTAL	—	—	—	—	—

Part VIII—There is One Outworker in this Area who is knitting garments for a Glasgow Firm.

(b) Factories where mechanical power is employed :—

Motor Repairs	.....	5
Carpenters	.....	7
Boot Repairs	.....	6
Electricity	.....	2
Bakehouses	.....	6
Bedding Factory	.....	1
Slabbing Works for Tiled Fireplace Surrounds	.....	1

WATER

The supply of water was adequate in quality and quantity during the year. 30 samples were taken of water going into supply, of which three were unsatisfactory bacteriologically.

Three samples were taken to test for plumbo-sloveny and the results were satisfactory.

Effective soda ash treatment to prevent plumbo-sloveny at the Nant-y-ci source was continued without interruption during the year 1952 and tests for acidity were taken three or four times weekly. Three samples were taken from the water going into supply and submitted for chemical analysis.

The only work carried out by the Mid-Glamorgan Water Board during the year 1952, was the abandoning of the small untreated source at Shwt, Bettws. 376 yards of 3 inch main were laid during the year 1952 connecting the Bettws village main to the main at Shwt, Bettws. The local source at Shwt was thereupon cut off from the Board's mains. This work has made a very definite improvement in the pressure of water at the properties at Shwt which now have the added safeguard of a treated water supply from the Board's main sources of supply.

Excellent co-operation is maintained between the board and the council.

The following is a specimen sheet of chemical analysis from the Cwm-Nant-y-ci source carried out by the County Laboratory, Cardiff.

REPORT ON CHEMICAL ANALYSIS OF SAMPLE OF WATER

Samples submitted 12th May, 1953

			Tap "A" Overnight Contact		Tap "B" 10-mins. Contact
Number of Sample	....	....	A.880	....	B.881
Date of Analysis	....	....	May 12th	....	May 15th
Appearance in two foot tube	....		Brownish Fairly Clear	....	Pale Green Clear
Colour (Burgess Scale) Units	....		114	....	16
Reaction, pH	....	....	6.8	....	6.8
Total Hardness	....	....	1.4	....	1.2
Poisonous Metals	....	....	Lead — 0.002 Copper — Nil Iron — 0.04	....	Lead & Copper—Nil Iron — 0.01

Remarks—

"A" — A very soft, neutral water containing a faint trace of lead and a fair amount of iron. The physical characters are unsatisfactory owing to the presence of dissolved iron.

"B" — A very soft, neutral water containing a trace of iron. The physical characters are satisfactory.

RAINFALL RECORDS FOR THE YEAR ENDED 31st DECEMBER, 1952

Month	Merthyr- mawr	Bridgend	Schwyll	Llan- haran	St. Athan	Pwllwy	Maesteg	Blackmill	Ogmore Vale	Ponty- cymmer
	1	2	3	4	5	6	7	8	9	10
January	4.71	4.58	4.13	5.54	3.70	4.54	7.64	7.71	10.55	9.44
February	1.01	1.16	1.15	1.16	1.10	1.22	1.59	1.48	2.16	1.99
March	3.86	3.41	3.80	4.76	2.96	3.86	7.91	6.37	8.14	7.66
April	3.13	2.84	3.30	3.81	2.44	3.40	6.21	4.55	6.95	6.59
May	4.48	4.10	4.27	4.26	3.83	4.17	4.76	4.14	5.62	4.76
June	3.28	3.32	3.25	2.94	2.21	2.27	4.18	3.22	5.70	5.01
July	1.71	1.99	1.59	2.24	1.37	1.74	3.06	+++	3.57	2.73
August	6.75	5.86	6.12	7.19	5.67	5.80	9.80	+++	11.03	10.75
September	4.62	4.96	4.79	4.80	5.08	5.06	4.29	+++	4.77	4.81
October	5.23	4.81	5.07	5.23	5.52	5.15	6.22	+++	8.00	7.08
November	4.26	3.72	5.98	4.60	5.36	4.31	5.45	+++	6.24	6.59
December	5.79	4.22	4.07	4.73	3.69	4.02	7.11	+++	8.11	6.73
Totals 1952	43.83	44.94	47.52	51.26	42.93	45.54	68.22	+++	80.84	74.14
Totals 1951	49.98	48.45	46.69	56.92	37.43	48.18	81.88	59.98	98.02	87.39

+++—No Records available after June

By courtesy of—

H. W. ADAMS
(*Manager and Clerk*).

AVERAGE ANNUAL RAINFALL

	1950	1951	1952
Southern Area (Cols. 1-6)	54.44	47.94	46.85
Northern Area (Cols. 7-10)	91.36	81.82	74.40

MILK

32 samples of pasteurized milk and seven of raw milk were taken during the year ; all these were satisfactory.

The whole of the milk now sold in the area is pasteurized and the raw milk samples surrendered were taken while the milk was on its way to pasteurization. Supplies of milk from tuberculin tested herds are now available. The owners of such herds are permitted to hold a licence if they fulfil certain conditions. Not only must their herds be tuberculin free but their premises must reach certain standards while stringent rules are laid down for the actual production of the milk. Such producers are given a bonus ; they are registered by the County Council after they have been inspected to see whether they conform with the prescribed regulations. So far there are two only in this area.

Nine samples were taken for testing the presence of tubercle bacilli—the reports were negative.

In this area, the numbers of attested herds are increasing—that is to say the herds are registered as being free from tuberculosis

The farms still lack adequate facilities for producing clean milk such as piped water supplies and electricity.

AIR POLLUTION

On the new housing estate in the Bettws area, the tenants enjoy the advantages of a rural neighbourhood allied to all the amenities afforded by that of an urban. Their surroundings are beautiful beyond comparison, while each house has every electrified labour saving device conceivable. Yet, in their view this garden of Eden suffers its own particular serpent in the form of the Llynfi Power Station. The council has been inundated with complaints from tenants. They maintain that, when the wind is in a certain quarter, the air is heavily charged with fly ash from the power plant causing, according to them, a considerable nuisance.

Such lamentations show what a high standard of living we are attaining as, in former days, heavily contaminated air was considered to be the natural by-product of the machine age. Only dense clouds of noxious fumes would have been considered air pollution.

However, when we made inquiries from the manager of the Llynfi Power Station as to the steps that were being taken to prevent such pollution, we were invited to inspect the whole works. We were given every facility to examine the processes by which the electricity is produced and to evaluate the efforts made to prevent the contamination of the atmosphere.

The method adopted is as follows :—

Low grade coal is first crushed to a very fine powder, which is then forced under pressure into a specially designed “pulverized fuel furnace” when combustion takes place. The waste products of combustion pass through electrostatic precipitators where they are subjected to an electric charge of 45,000 volts. In this way 97% of the entrained grit is extracted. The grit is mixed with water and pumped to settling beds in the Cefn Ydfa valley which lies adjacent to the Power Station. The purity of the gas entering the stack is measured by scanning it with photo-electric equipment, the results being recorded on a dial on the main control panel which is constantly watched by the operators on duty. Therefore it can be seen that the maximum amount of extraction occurs of which modern machinery is capable and the maximum amount of care is taken.

The fuel used at Llynfi Power Station amounts to 9,000 tons per week. Much of this coal under modern conditions has an ash content above 20%.

The electrostatic precipitator is of course, not infallible and can go wrong, but it is fitted with audible and visual alarms which give instant warning of any failure. It appears that there must be a certain pollution of the atmosphere if we are to enjoy the amenities afforded by electricity. It is reasonable to suppose that this method is the best that science can offer at the present but there has been progress in this direction and as research extends its field we hope that in the near future power can be secured without vitiation of the atmosphere.

The case in question presents an almost unique aspect in that the housing estate is sited on a level approximately to that of the top of the chimneys. These chimneys are 275 ft. high and would under normal circumstances give a very light deposit over a very wide area i.e. the heavier particles would drop near the station and the lighter fractions would drop at a great distance. Therefore the rise in the terrain at the site of the housing estate results in a slightly higher concentration of deposit than if it were at a lower level.

Power stations situated in a fold of the land are always afflicted by these local increases in concentration of deposit with certain winds. The position is sometimes worsened by the fact that certain hills depending on their shape and height cause down-draughts towards the station.

HOUSING

During 1952, 60 houses were built and occupied. 32 houses were built at Evanstown; 31—3 bedroomed houses and 1—4 bedroomed house; 4 houses were built at Glynllan, all 3 bedroomed; 14 houses were built at Craiglas, 12—3 bedroomed houses and 2—4 bedroomed; 10 houses were built at Caebach, 8—3 bedroomed and 2—4 bedroomed.

There were 16 houses under construction at Llangeinor.

Future Planning

In 1952—53, roads and sewer works for 378 houses at Bettws were begun.

In this era, when agricultural land is so precious, a most welcome innovation is the preparation of designs for 28 flats at the Glynllan site. Throughout this area, the problem has been the finding of suitable sites and this can only be solved by building up towards the sky. It might be affirmed that people were in this way deprived of the pleasure of gardens but a visit to anyone of the sites makes one realize that there are some who take no pleasure in gardening. Indeed, I have been told that the miner, as a rule, regards the wielding of a pick and shovel as a form of relaxation with some disfavour, in fact he often feels acutely the difference in temperature between that of the mine and of the garden. Here again we have the solution of the problem of the lonely aged who could be installed in small ground floor flats and in this way enjoy the help and companionship of those around them.

Would it not be possible to consider re-building where houses have been demolished and where water, sewerage etc. is all ready? If subsidence is our problem could not buildings of a movable nature be erected so that they might be taken up en bloc if necessary? At the moment, plans are being considered for extended sites; such plans are dependent upon a development enquiry.

To build outside the area is not the solution to our problem. Travelling long distances at the beginning and end of a day's work adds very much to normal fatigue; while, as a rule, workers and their families in dormitory sites far from the place of work, lack the community spirit.

In 1952—53 sewage pipes were laid for conversion purposes at Stowcroft, Bettws and the extension of the sewage works at Shwt were commenced.

I feel we must push on faster with our housing programme as we still are suffering from an acute and ever growing housing shortage.

Development

Approximately 50 yards of culvert were laid at Waunbant in preparation for the recreation ground.

Culverting of the river near the Wyndham tip was completed during the year.

HOUSING INSPECTIONS

1.—Inspections of dwelling houses during the year :—

(a) Total number of houses inspected for housing defects and number of inspections made	.....	801
(b) Revisits	.....	2,232
(c) Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	.....	Nil
(d) Number of dwelling houses found not to be in all respects fit for human habitation	.....	745

2.—Remedy of defects during the year without service of formal notice :—

(a) Number of houses rendered fit in consequence of informal action by the Local Authority or their Officers	440
--	-------	-----

3.—Action under Statutory Powers :—

Proceedings under Housing Acts :

(a) Number of dwelling houses in respect of which notices were served requiring repairs	Nil
---	-------	-----

(b) Number of dwelling houses rendered fit after service of notices	Nil
(1) By Owners	Nil
(2) By Local Authority in default of owners	Nil

4.—Proceedings under the Public Health Acts :—

(a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	282
(b) Number of dwelling houses in which defects were remedied	
(1) By Owners	271
(2) By Local Authority in default of owners	Nil

5.—Demolition Orders :—

(a) Number of houses demolished	1
(b) Number of tenements in respect of which Closing Orders were made	Nil
(c) Number of houses Closed but not Demolished	Nil

DEPRIVED CHILDREN

In 1952, 15 children from the area entered the Children's Homes of the County Council.

There were 25 children from this area in the County Homes or Nurseries in 1952. The following table gives the reasons for their admission.

Reason for Admission

A, B and C (one family)	Parents of too low a mentality to be responsible for their upbringing.
D	In moral danger

E, F and G (one family)	In moral danger
H, I and J (one family)	Abandoned
K and L (one family)	In moral danger
M, N and O (one family)	Housing difficulty after loss of mother (Discharged 9/6/52).
P	Illegitimate
Q	Illegitimate
R	Illegitimate
S	Mother Ill (Discharged 27/9/52)
T, U and V	Housing difficulties (discharged 19/2/52)
W	Mother unable to accept responsibility
X	Illegitimate
Y	Illegitimate

There are six children boarded out by the Children's Department in the area. Boarding out is regarded as the most satisfactory solution of the problem of rearing deprived children. The County Homes provide the children with all their bodily needs, their surroundings are excellent and no expense is spared in an endeavour to make the children as happy as possible in the circumstances; however, it is impossible to give each child that individual attention and care of which the deprived child stands in such need.

THE X-RAY SURVEY OF EVANSTOWN

During the month of December, the X-ray unit of the Regional Hospital Board visited Evanstown and established its X-ray apparatus at Bethania.

The intention was to conduct a 100% mass X-ray survey of the population on the lines of that held in the Rhondda Fach Valley.

The scheme covered the whole of Gilfach Goch but a separate survey was instituted at Evanstown.

The object of this mass X-ray survey was two fold—to discover (a) previously undiagnosed cases of tuberculosis (b) the cases of dust infiltration in the lung as the result of mining.

There is a belief that tubercle bacilli introduced into lungs already damaged by dust is largely responsible for advanced fibrosis. Therefore diagnosing tuberculosis in an early stage of the disease, before infectivity arises, not only gives the individual the best chance of complete recovery but prevents the dissemination of tubercle bacilli amongst the working population. In this way, it is hoped that the incidence of progressive massive fibrosis will be reduced since open tuberculosis cases, on being diagnosed, are immediately removed to hospital. To summarize, the object is so to reduce the foci of tuberculosis in the mining areas that victims of pneumoconiosis or silicosis stand little chance of becoming infected with tuberculosis and of becoming the victims of progressive massive fibrosis.

Furthermore, it is considered that the discovery of new drugs for the cure of tuberculosis is of little avail unless all the cases in need of such drugs are known.

A fortnight before the unit came to Evanstown, a Public Meeting was held at the local cinema, when the general public (laying emphasis on the heads of various organisations) was invited to attend. Forms were distributed to each householder which, when completed, gave information as to the number of inmates in the house, their respective ages and whether transport would be required. The canvasser made a point of conversing with each householder and it was found that, for propaganda purposes, this individual approach was more successful than any public meeting or exhortation by loud speaker van. In this way, a complete register was compiled and as each person was X-rayed, he or she was marked on the register.

70%, of the population attended the centre, as a result of these propaganda methods though the weather was at its worst.

The remaining 30% proved the hard core of resistance. Many were visited four or five times, some genuinely feared what the X-ray might reveal (though having no real reasons for such fears), others thought it a mark of individualism to refuse, others adopted the policy "it was not provided in my young day so I shall not bother now," others neglected to attend through indifference. Even so all who did not attend were visited by a doctor in their own home.

As a result of the hard work and enthusiasm of the team a record in attendances was reached—that is 90% of the entire population.

It is satisfactory to note that only 1.5% of the population under 15 years of age were not X rayed.

DETAILS OF X-RAY SURVEY OF EVANSTOWN

Age Groups	X-rayed				Not available				Lapses				Total Population			
	0-4	5-14	15 up	Total	0-4	5-14	15 up	Total	0-4	5-14	15 up	Total	0-4	5-14	15 up	Total
Adare Street	9	26	95	130	—	—	2	2	—	—	15	15	9	26	112	147
Heol-y-parc	5	4	29	38	—	—	1	1	—	—	2	2	5	4	32	41
Heol Heulog	2	4	38	44	—	—	—	—	—	—	2	2	2	4	40	46
Heol-y-derw	—	3	18	21	—	—	—	—	—	—	—	—	—	3	18	21
Tramroadside	3	12	31	46	—	—	1	1	4	2	8	14	7	14	40	61
Glannant Road	4	13	38	55	—	—	—	—	—	—	3	3	4	13	41	58
Dan-y-bryn	15	34	67	116	—	—	—	—	3	—	7	10	18	34	74	126
Kerry Street	6	25	52	83	—	—	—	—	—	2	5	7	6	27	57	90
Fountain Road	8	18	26	52	—	—	—	—	—	—	3	3	8	18	29	55
Maesteg Road	7	12	53	72	—	—	—	—	—	—	6	6	7	12	59	78
Coronation Road	2	20	120	142	—	—	2	2	1	1	8	10	3	21	130	154
Wyndham Street	8	26	104	138	—	—	4	4	1	—	12	13	9	26	120	155
Aberceidin Road	22	67	216	305	2	—	14	16	2	3	30	35	26	70	260	356
	91	264	887	1242	2	—	24	26	11	8	101	120	104	272	1012	1388

GERIATRICS

In 1952, the Ogmore Valley branch of the Old People's Welfare Committee extended its activities in many directions. Visiting committees were formed, delegates of which visited not only the elderly in their homes but those from the area who were either in hospital or in one of the "eventide" homes. A scheme was also inaugurated by which "sitters in" volunteered to stay with the elderly who were sick in order to afford some relief to those who had the onerous task of nursing them at home

The Welfare Committee in the Garw Valley is still at the inauguration stage but a room in the Workmen's Institute has been put aside for the sole use of the old people. This is a scheme well worth emulating in other parts of the valley—a room which the elderly may feel is theirs by right and not by favour, where they may meet regularly and never feel in the way. What a blessing for the lonely aged who are still in lodgings kept there more often than not on sufferance !

Every effort must be made to maintain the elderly in a state of positive health. Why should they not enjoy the benefits of free milk, cheap orange juice and free cod liver oil as the other extremity of life does ? It is a sad sight to see the little half pint bottle outside the old-age pensioners' doors.

They must be encouraged to be active in both mind and body. For this reason they should be left in their own homes whenever possible surrounded by their own possessions.

The distribution of hot meals though desirable is not always practicable, but the collection of laundry from those who, though able to potter round a house, could not face a weekly wash, would be an enormous boon and is a scheme which could be put into practice without much planning.

In these blocks of flats which, I hope, will soon help to solve our housing problem could not two roomed flats on the ground floor be built for the elderly ? They could then be so easily helped and cared for by those around them without their ever feeling the horrors of loneliness and while still retaining that independence which, I believe, as we grow older becomes more precious to us. The home help service confers an inestimable benefit on the aged. Many elderly people who would otherwise have had to seek the shelter of an institution have managed to remain in their own home, since the necessary domestic help is now supplied by this service.

"Eventide" homes receiving guests from this area are situated at Heddfau near Cefn Hirgoed (this caters for those in need of nursing) and at Dan-y-graig near Porthcawl.

CHILD WELFARE CLINICS

Unfortunately, this service is at the moment the centre of controversy. Local authorities, hospital regional boards and general practitioners claim that theirs should be the sole authority in charge. Let this be a combined operation. Each of these units can supply its own peculiar benefits so the ideal is a contribution from each and an amicable sharing of authority.

We must realize that matters dealt with in the clinic are many and diverse. Housing, food, education, economics all have their place in their functioning.

When the child comes to the clinic, the question of breast feeding is long past, so attention must be paid at the earlier phases of its life. This matter was discussed in 1946 and it was decided then that every effort should be made to interest and instruct the mother so that breast feeding should follow as a natural event. After the birth of the baby, every effort should be made to ensure that there is no gap between the departure of the midwife or the return from hospital and the guidance of the doctor and health visitor. If there is a hiatus, the mother is left to the mercies of relatives and neighbours, all with different opinions as to the merits of breast feeding or otherwise, so that she is bewildered and frustrated. This is indeed a case where the personal touch is essential. Local authorities acting with their voluntary workers and committees can ensure that the mother is dealt with according to the particular conditions of her environment and standard of living for an authority working remotely cannot be expected to know local conditions.

RODENT CONTROL

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Summary of disinfection carried out during the year :—

Dwelling Houses	.....	.....	.....	.....	149
Businesses	.....	.....	.....	.....	30
Local Authority Premises	.....	.....	.....	.....	3

Type of infection :—

Major	.....	.....	.....	.....	.....	Nil
Minor	.....	.....	.....	.....	.....	182

MAINTENANCE TREATMENT FOR RATS IN SEWERS

Record of Treatment undertaken—

Period One

- 1.—Total number of manholes in foul and connected systems—1938
- 2.—Treatment No. — 2
- 3.—Dates of Treatment—January 28th, 1952—March 8th, 1952
- 4.—Bait base and poison used—Sausage Rusks and Zinc Phosphide
- 5.—Number of manholes baited — 436
- 6.—Number of manholes showing prebait take — 228
- 7.—Number of manholes showing complete prebait take — Nil
(on one or both days)
- 8.—Scheme of baiting used — 1st, 3rd and 5th days
- 9.—Number of manholes test-baited in conjunction with this
treatment and not included in No 5 above — 184

Period 2

- 1.—Total number of manholes in foul and connected systems—1938
- 2.—Treatment No. — 1
- 3.—Dates of Treatment—August 18th,—September 27th, 1952
- 4.—Bait base and poison used — Bread Mash and Arsenic
- 5.—Number of manholes baited — 378
- 6.—Number of manholes showing prebait take — 216
- 7.—Number of manholes showing complete prebait take — 14
(on one or both days)
- 8.—Scheme of baiting used — 1st, 3rd and 5th days
- 9.—Number of manholes test-baited in conjunction with this
treatment and not included in No. 5 above — 210

MEAT.

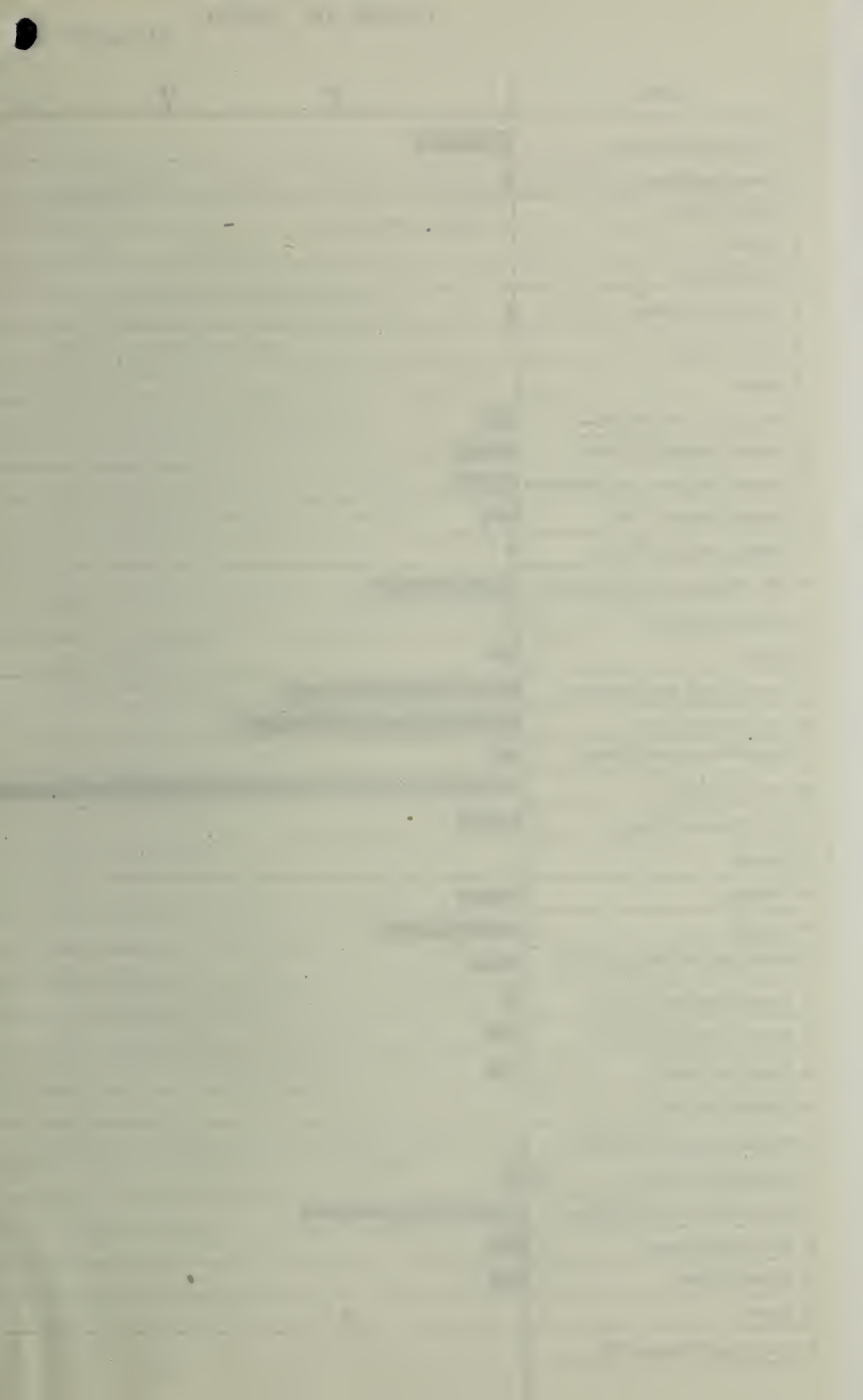
CARCASES INSPECTED AND CONDEMNED

The following table sets out the amount of meat seized, condemned and disposed of as unfit for human consumption during the year :—

			Cattle excluding Cows & Bulls	Cows and Bulls	Sheep and Lambs	Calves	Pigs
Number killed	....	....	661	262	5,790	231	505
Number inspected	....	....	661	262	5,790	231	505
<i>All Diseases except Tuberculosis</i>							
Whole Carcases condemned	....	—	—	4	7	—	—
Carcases of which some part or organ was condemned	....	....	174	113	1,377	—	—
Percentage of the number inspected affected with disease other than Tuberculosis	....	....	26.3	44.65	23.9	—	—
<i>Tuberculosis Only</i>							
Whole Carcases condemned	....	—	—	4	—	—	1
Carcases of which some part or organ was condemned	....	....	226	75	—	—	6
Percentage of the number inspected infected with Tuberculosis	....	34.19	30.15	—	—	1.38	

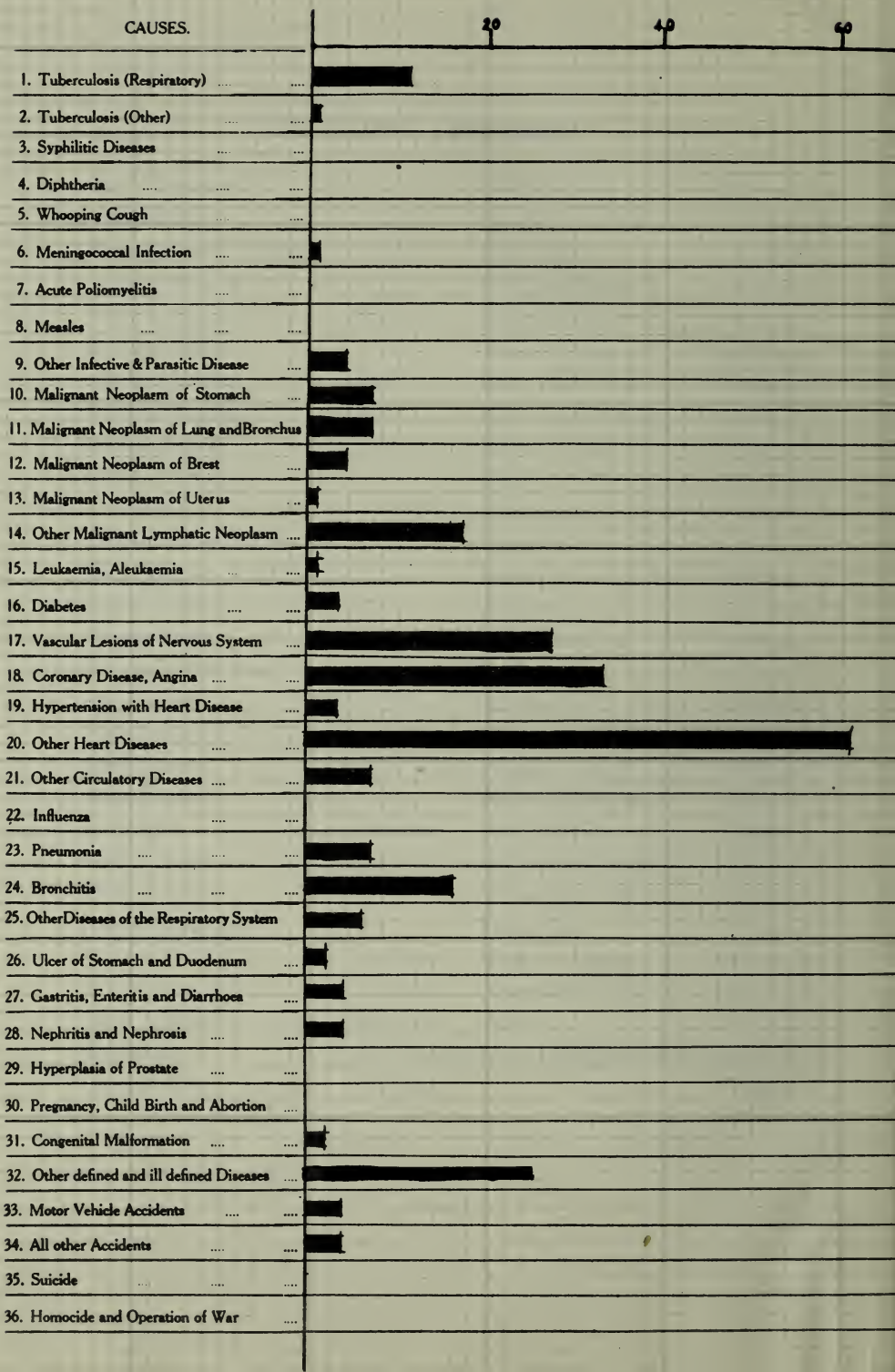
FOODSTUFFS CONDEMNED

Beef Carcasses		Cooked Ham	62 tins
Complete	5	Tinned Chicken	1 tin
Forequarters of Beef	4	Pork Butts	1 tin
Bovine Hearts	6	Chopped Pork	3 tins
Bovine Heads	118	Jellied Veal	2 tins
Bovine Skirts	2	Stewed Steak	44 tins
Bovine Livers	506	Ham and Veal	12 tins
Bovine Plucks	328	Minced Beef Loaf	15 tins
Sheep Heads	5	Baked Beans	79 tins
Sheep Carcasses		Peas	23 tins
Complete	5	Fish Paste	7 jars
Hindquarter of Mutton	8	Oranges	12 tins
Forequarter of Mutton	1	Pineapple	22 tins
Sheep Plucks	775	Apricots	13 tins
Sheep Liver	612	Blackcurrants	12 tins
Home Killed Beef	1363	Strawberries	34 tins
Pig Carcase	1	Cherries	6 tins
Pigs Heads	6	Plums	33 tins
Pigs Plucks	5	Pears	2 tins
Pigs Livers	5	Pudding Mixture	15pkts
Sausages	66 lbs.	Pearl Barley	10pkts
Sheeps Loin	1	N. Zealand Butter	17½ tins
Sheeps Leg	1	Norwegian Silts	15 tins
Sheeps Shoulder	1	Tuna Fish	7 tins
Evaporated Milk	38 tins	Madeira Cake	561 lbs
Full Cream Milk	19 tins	Chocolate Cake	101 lbs
Pork Luncheon Meat	236 tins	Bacon	9 lbs
Tomatoes	268 tins	Assorted Receptacles of preserves	
Corned Beef	17 tins		6291



CAUSES OF DEATH

NUMBERS



CAUSES OF DEATH IN THE OGMORE AND GARW AREA DURING 1952

	<i>M</i>	<i>F</i>
1.—Tuberculosis (Respiratory)	8	3
2.—Tuberculosis (Other forms)	0	1
3.—Syphilitic Diseases	0	0
4.—Diphtheria	0	0
5.—Whooping Cough	0	0
6.—Meningococcal Infections	1	0
7.—Acute Poliomyelitis	0	0
8.—Measles	0	0
9.—Other infective and parasitic diseases	3	1
10.—Malignant neoplasm, stomach	2	5
11.—Malignant neoplasm, lungs, bronchus	6	1
12.—Malignant neoplasm, breast	0	4
13.—Malignant neoplasm, uterus	0	1
14.—Other malignant and lymphatic neoplasms	9	8
15.—Leukaemia	1	0
16.—Diabetes	1	2
17.—Vascular lesions of nervous system	10	17
18.—Coronary disease	22	11
19.—Hypertensions with heart disease	2	1
20.—Other heart diseases	27	34
21.—Other circulatory diseases	3	4
22.—Influenza	0	0
23.—Pneumonia	5	2
24.—Bronchitis	12	4
25.—Other diseases of respiratory system	5	1
26.—Ulcer of stomach, duodenum	2	0
27.—Gastritis, Enteritis and Diarrhoea	1	3
28.—Nephritis and Nephrosis.....	2	2
29.—Hyperplasia of prostate	0	0
30.—Pregnancy, Childbirth, Abortion	0	0
31.—Congenital Malformation	2	0
32.—Other defined and ill-defined causes	12	13
33.—Motor vehicle accidents	3	1
34.—All other accidents	3	1
35.—Suicide	0	0
36.—Homicide and operations of war	0	0
	<hr/> 142	<hr/> 120

GLAMORGAN (ADMINISTRATIVE COUNTY)—VITAL STATISTICS, 1952

	Estimated Population 1952	Births		Deaths		Infant Mortality		Neo Natal Mortality	
		Number of Births	Rate per 1,000 Population	Number of Deaths	Rate per 1,000 Population	Deaths under 1 year	Rate per 1,000 Live Births	Deaths under 4 weeks	Rate per 1,000 Live Births
England and Wales	...	...	15.3	...	11.3	...	27.60	...	18.90
Administrative County	732,500	11,839	16.16	8,473	11.57	407	34.38	247	20.86
Urban Districts	531,200	8,760	16.49	6,362	11.98	314	35.84	191	21.80
Rural Districts	201,300	3,079	15.30	2,111	10.49	93	30.20	56	18.19
Health Division									
Constituent Districts									
Aberdare and Mountain Ash	40,550	571	14.08	578	14.25	21	36.78	13	22.77
Caerphilly and Gelligaer	31,200	570	18.27	381	12.21	29	50.88	14	24.56
Mid-Glamorgan	35,700	717	20.08	379	10.62	30	41.84	17	23.71
Neath and District	36,040	629	17.45	433	12.01	20	31.80	14	22.26
Pontypridd and Llantrisant	13,650	221	16.19	151	11.06	4	18.10	4	18.10
Port Talbot and Glyncorrwg	23,010	423	18.38	269	11.69	11	26.00	5	11.82
South East Glamorgan	22,550	395	17.52	262	11.62	25	63.29	16	40.51
West Glamorgan	9,497	130	13.69	118	12.42	3	23.08	3	23.08
Neath and District	34,890	530	15.19	315	9.03	11	20.65	6	11.32
Pontypridd and Llantrisant	31,660	466	14.72	352	11.12	14	30.04	10	21.46
Port Talbot and Glyncorrwg	41,250	637	15.44	439	10.64	12	18.84	5	7.85
South East Glamorgan	25,420	519	20.42	268	10.54	28	53.95	20	38.54
West Glamorgan	38,340	565	14.74	461	12.02	15	26.55	6	10.62
Pontypridd and Llantrisant	9,388	216	23.01	95	10.12	5	23.15	4	18.52
Port Talbot M.B.	44,190	826	18.69	423	9.57	24	29.06	15	18.16
Barry M.B.	40,790	717	17.58	486	11.91	24	33.47	13	18.13
Cowbridge M.B.	35,930	433	12.05	383	10.66	11	25.40	7	16.17
Cowbridge Rural	1,035	17	16.43	12	11.59	—	—	—	—
Penarth Urban	20,120	295	14.66	140	6.96	9	30.51	6	20.34
Gower Rural	18,420	266	14.44	239	12.98	8	30.08	6	22.56
Gower Rural	11,580	197	17.01	139	12.00	7	35.53	5	25.38
Llchwyr Urban	25,380	319	12.57	306	12.06	12	37.62	8	25.08
Pontardawe Rural	32,110	486	14.57	427	13.30	15	32.05	7	14.96
Rhondda	109,800	1,712	15.59	1,417	12.91	68	39.72	43	25.12

